



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: BEACON SPECIALTY SURGERY CENTER

Street Address: 100 Navarre Place, Suite 4405

City: South Bend

County: St Joseph

Administrator Name: Cheri Sarasin

Administrator Email: csarasin@beaconhealthsystem.org

ASC Web Address:

Fiscal Year: 2016

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	660	1657
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
62311	471	
64483	244	
62310	74	
69990	46	
27096	39	
63030	37	
22551	34	

22851	32
20610	31
22845	30

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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